

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of HARRIET B. BROWN and DEPARTMENT OF VETERANS AFFAIRS,  
VETERANS ADMINISTRATION MEDICAL CENTER, Philadelphia, Pa.

*Docket No. 96-1897; Submitted on the Record;  
Issued June 1, 1998*

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DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,  
BRADLEY T. KNOTT

The issue is whether appellant established that her right knee condition was causally related to work factors.

On February 12 and 20, 1996 appellant, then a 49-year-old food service worker, filed a notice of occupational disease, claiming that her right knee condition was aggravated by standing on her feet all day, walking on cement floors, and pushing food trucks to the point that she needed surgery.

On March 14, 1996 the Office of Workers' Compensation Programs informed appellant that she needed to submit additional information and medical evidence in support of her claim. Appellant explained that she injured her knee in May 1990 when she slipped and fell at her previous nonfederal job. Appellant started with the employing establishment in September 1991. She stated that her knee was fine until 1994 when she experienced pain. She wore a knee brace and support hose, and tried different types of shoes. The pain stopped but recurred in 1995. Appellant added that she had a magnetic resonance imaging (MRI) scan administered and was told she needed surgery.

In a report dated February 26, 1996, Dr. Walter E. Bantom, a general practitioner, indicated that he had treated appellant for a swollen knee from May through October 1990 and had diagnosed chondromalacia<sup>1</sup> and osteoarthritis. Appellant underwent physical therapy at the time.

In a report dated April 9, 1996, Dr. James A. Anthony, a Board-certified orthopedic surgeon who performed a surgical arthroscopy of appellant's right knee on March 1, 1996, diagnosed chondromalacia of the patellae bilaterally, right greater than the left. He stated that

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<sup>1</sup> Chondromalacia is defined as softening of the articular cartilage, most frequently in the patella. *Dorland's Illustrated Medical Dictionary* (27th ed. 1988).

since 1990 appellant had complained of bilateral knee pain and had undergone various forms of treatment, but that her knee pain improved until 1994 when she had an acute flare-up and had to use a brace. Dr. Anthony opined that the injuries to both appellant's knees resulted from the 1990 work-related accident and concluded that there was a direct causal relationship between the 1990 incident and the arthralgic symptomatology appellant was now experiencing.

On May 3, 1996 the Office denied the claim on the grounds that the medical evidence failed to establish a causal relationship between appellant's right knee condition and her employment.

The Board finds that appellant has failed to meet her burden of proof in establishing that her right knee condition was causally related to employment factors.

An employee seeking benefits under the Federal Employees' Compensation Act<sup>2</sup> has the burden of establishing the essential elements of his or her claim including the fact that the individual is an employee of the United States within the meaning of the Act, that the claim was filed within the applicable time limitation of the Act, that an injury<sup>3</sup> was sustained in the performance of duty as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.<sup>4</sup> These are the essential elements of each and every compensation claim regardless of whether the claim is predicated upon a traumatic injury or occupational disease.<sup>5</sup>

In an occupational disease claim such as this, claimant must submit: (1) medical evidence establishing the existence of the disease or condition for which compensation is claimed, (2) a factual statement identifying employment factors alleged to have caused or contributed to the disease, and (3) medical evidence establishing that the employment factors were the proximate cause of the disease or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by claimant.<sup>6</sup>

The medical evidence required is generally rationalized medical opinion evidence which includes a physician's opinion of reasonable medical certainty based on a complete factual and medical background of the claimant and supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by claimant.<sup>7</sup> Neither the fact that appellant's condition became apparent during a period of

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<sup>2</sup> 5 U.S.C. § 8101 *et seq.* (1974).

<sup>3</sup> Section 8101(5) of the Act defines "injury" in relevant part as follows: "'injury' includes, in addition to injury by accident, disease proximately caused by employment...." Section 10.5(a)(14) of Title 20 of the Code of Federal Regulations further defines "injury" in relevant part as follows: "'Injury' means a wound or condition of the body induced by accident or trauma, and includes a disease or illness proximately caused by the employment for which benefits are provided under the Act."

<sup>4</sup> *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

<sup>5</sup> *Daniel J. Overfield*, 42 ECAB 718, 721 (1991).

<sup>6</sup> *Jerry D. Osterman*, 46 ECAB 500, 507 (1995).

<sup>7</sup> *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

employment nor appellant's belief that the condition was caused by his employment is sufficient to establish a causal relationship.<sup>8</sup>

In this case, appellant was informed by the Office that she needed to submit a comprehensive medical report from her treating physician explaining how work factors or incidents in her employment caused or contributed to her knee condition. However, neither medical report in the record stated that the work factors identified by appellant—walking on cement floors, standing for most of the day, and pushing food trucks—contributed to or aggravated the diagnosed chondromalacia of her knees.

Dr. Bantom failed to address the causation issue and Dr. Anthony stated that appellant's condition resulted from the 1990 accident, which occurred in nonfederal employment. Thus, appellant has failed to meet her burden of proof in establishing that her right knee condition was caused by work factors. Therefore, the Board finds that the Office properly denied appellant's claim.<sup>9</sup>

Appellant argues that denying her claim is "ludicrous" because standing, walking, and pushing food trucks at work really aggravated her condition more and resulted in the need for her to have surgery. The Board has held that appellant's belief that her condition was caused by her employment is insufficient to establish a causal relationship.<sup>10</sup> Therefore, appellant must produce medical evidence of a causal relationship between her knee condition and specific work factors.<sup>11</sup> Appellant was informed of this requirement but no such evidence exists in this case.<sup>12</sup>

The May 3, 1996 decision of the Office of Workers' Compensation Programs is affirmed.

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<sup>8</sup> *Kathryn Haggerty*, 45 ECAB 383, 389 (1994).

<sup>9</sup> *See Lois F. Watson*, 42 ECAB 400, 404 (1991) (stating that the Act is not an insurance program for every injury, illness, or mishap that might befall an employee contemporaneous or coincidental with his or her employment; liability does not attach merely upon the existence of an employee-employer relation).

<sup>10</sup> *Kathryn Haggerty*, *supra* note 8.

<sup>11</sup> *See Hubert C. Burton*, 43 ECAB 612, 621 (1992) (noting that workers' compensation law does not apply to each and every injury or illness that has some connection with employment)

<sup>12</sup> *See Velta H. Mikelsons*, 39 ECAB 1278, 1292 (1988) (finding that appellant's belief that her carpal tunnel syndrome was caused by her employment is insufficient to establish the requisite causal relationship).

Dated, Washington, D.C.  
June 1, 1998

David S. Gerson  
Member

Willie T.C. Thomas  
Alternate Member

Bradley T. Knott  
Alternate Member